

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: April 2, 2020 Case Number: 20-93

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Kira Zerkel

Premise Name: Prescott Animal Hospital

Premise Address: 2245 E State Route 69

City: Prescott State: AZ Zip Code: 86301

Telephone: 928 778 1990

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Ola Kotke

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Home Telephone: [REDACTED]

Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):Name: KingstonBreed/Species: Irish WolfhoundAge: 3 Sex: M Color: Grey**PATIENT INFORMATION (2):**

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:*Please provide the name, address and phone number for each veterinarian.*

Prescott Animal Hospital Dr. Taylor

1318 W Iron Springs RD, Prescott AZ 86305 Ph: 928 445 2190

E. WITNESS INFORMATION:*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Del Uschenko (Kingstons owner) _____

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Date: _____

April 1st, 2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On the evening of March 30th Kingston our 3 year old healthy Irish Wolfhound began pacing and panting. We thought he had an up set stomach related to a piece of burrito he had earlier. After an hour he continued and my husband Del contacted Prescott Area Pet Emergency and described symptoms to the person that answered the phone Courtney. He included that Kingston was a wolfhound and that he had eaten the piece of burrito and we thought he might have an upset stomach. She stated it could be from the burrito and to keep an eye on him and if his behavior persists to call back.

We called approx 1 hour later and stated he was now bleeding from his rectum quite profusely. She said she had spoken to the vet after our last conversation and stated the vet was not comfortable seeing him as he was a wolf breed and that wolf breeds can have rabies. We corrected her explaining he was an Irish Wolfhound, there was some conversation in the background and then she stated to bring him in and they would assess him.

My husband took him to the vet which is approx 30mins from our home. When he arrived with our dog who was bleeding without diarrhea and panting he was told they had a "critical" animal apparently a cat acting crazy and he was welcome to wait if he wanted to. My husband waited in the parking lot as the clinic was following coronavirus precautions. A male staff person came out approx. 20mins later and said he could assess him. He took his vital signs and saw the blood from the rectum and stated Kingston seemed fine. He stated to Del he could take him home and just keep an eye on him. It could be a couple of hours until they might be able to get him in. Bills could exceed \$1000 to admit him. My husband decided to bring him home since a professional assessed King and seemed like it was not an emergent situation.

Once at home Kingston continued to have rectal bleeding and his stomach seemed to be getting more swollen. He cont to pace and pant, he would try to lie in areas of the house where he would normally not lie like our closet.

At Approx 0130am we contacted the clinic again and stated he was worsening and his pain level was increasing. They stated we could bring him back. My husband took him once again to the hospital and on the way he called them to let them know he was on his way and they stated they had "critical" animals they were tending to and he would have to wait and it could be hours. Once again he returned home. King cont with his same behaviors we decided to give him 100mg of tramadol which did not help his pain and once again called the clinic at approx 0400am and again stated to bring him in and they would see him.

Del took him back once again and they admitted him at 0500 and gave Del an invoice and asked him what he would like to do. He contacted me and I stated he really needs an X-ray. He said the vet suggested an IV and fluids for now and then if we waited til 7am Prescott Animal Hospital could do labs and X-ray so its all done at one place. We followed their recommendations and he remained with them until Del took him to PAH. Del slept in his truck while waiting for 0700.

At PAH he continued to be bleeding and his abdomen was getting larger. Dr. Taylor assessed him and did an X-ray and stated he had severe bloat. The intestines were so inflamed it was difficult to see. They also performed an ultrasound. They indicated he would not survive surgery and there was nothing they could do for him at this point. My 3 year old beautiful sweet healthy wolfhound suffered an entire night only to have to be put to sleep.

Arizona State Board of Veterinarians,

We trusted these professionals to properly diagnose our dog and whether or not he could have survived with immediate attention and possible surgery we will never know. At the least I would call every person working at this office on the night of March 30th careless and negligent.

Firstly upon our first call, the person answering the phone should be knowledgeable about common dog breeds and their most common illnesses/diseases. Not knowing that our dog was a giant breed and bloat is common among them is very concerning. After we described his symptoms the first inkling should have been it could be bloat. Which is an emergency! Why didn't someone recognize this? Not even the vet mentioned the possibility of his symptoms being bloat. In their negligence and ignorance of the symptoms we returned 3 times and why is profuse rectal bleeding not an emergency? Why did he suffer all night and not even a pain med was offered? This is an emergency hospital and on their website they describe bloat and treating it. Are they not aware of what they are describing they treat at this hospital? I understand his symptoms could have been other things but wouldn't you want to rule out the most obvious and critical illness? They documented that Kingston was experiencing bloody diarrhea. There was ABSOLUTELY no diarrhea. Only blood! Our discharge instructions were for "blood diarrhea." They also wrote we indicated we elected to pursue work up with our regular vet because THEY said that would be a good idea. We thought we were doing the right things based on the advice we were given by professionals. If someone said we need an xray and pain meds NOW-do you think we would have said no???? We brought him back 3 times for HELP!!!!

While they had an IV situated why didn't they give him something for pain? He received fluids and they indicated in their note he was not given nausea medicine because they didn't have enough for a dog his size. Where was the pain medicine???

I am a nurse-when someone comes to the hospital with symptoms A,B,C we treat with X,Y,Z. Is there no protocol for signs and symptoms of bloat?

I would certainly never tell any patient that there are more critical patients than you so sit tight with your bleeding and pain and I will get to you in a couple of hours!!

I haven't slept in 2 days, I am in disbelief of this whole situation! My sweet dog did nothing to deserve this neglect. He was the kindest hearted dog, would never hurt anyone and dies for what?? Because in a group of educated individuals not one of them could decipher his symptoms as bloat?? I am so disgusted and heart broken.

I am not looking for monetary compensation, I want someone to be accountable. I also don't mean that I want someone to lose their job. I realize there are barriers in healthcare in regards to humans and I am sure they are similar in animal care. That's still no excuse. If I was negligent in my job and someone died believe me there would be repercussions. I don't see my animals as pets, they are my family and I love them as if they were human beings. I also don't want another animal owner and their family member to suffer like this.

Sincerely,
Ola Kotke

April 13, 2020

Arizona State Veterinary Medical Examining Board
1740 W. Adams St., Suite 4600
Phoenix, AZ 85007

Written statement from Kira Zerkel, DVM
Re: 20-93

On the evening of March 30, 2020, Mr Uschenko called and spoke with the technician on staff (Courtney) regarding his dog Kingston, who had started having diarrhea after the owner had fed him a portion of his burrito (the communication from that technician is included in this packet). Kingston's diarrhea progressed to bloody discharge from the rectum. The technician on staff recommended that he come in to have Kingston evaluated.

During this time of the COVID pandemic, it has been hospital policy to not allow clients into the hospital other than to be present with their pets for euthanasia procedures. We are currently having staff wear PPE and collect all pets from their owners outside and bring them in for exams. At that time, we collect information, go over history and physical exam findings and make plans via phone so as to decrease any possible viral spread. It is my understanding that these current practices and procedures are common with veterinarians throughout the state and are essential in order for us to safely continue providing care to pets.

Kingston's owner was notified of these policies and procedures prior to his presentation and we had asked him to call on his arrival so that we knew he was here. In accordance with that protocol, a technician assistant (Tristan Oneill) went out to assess Kingston. At that time, in the treatment area where pets were being brought directly in via an exterior door, we had an incredibly aggressive and fractious cat we were actively working on. Tristan assessed Kingston and took vitals outside in order to not open the outside door and risk the cat potentially escaping.

Tristan's communication with the owner is attached. Upon his return inside, Tristan informed me that Kingston's vitals were WNL but that he was having some bloody discharge from his rectum. He had informed the owner that there would be a wait and we would get Kingston in as soon as possible however; the owner had elected to leave and monitor Kingston at home.

The owner called back several times through the night, asking about wait times and advising that Kingston had continued to have bloody diarrhea. With each phone call, we recommended that he bring Kingston in but the owner indicated that he did not want to have to wait.

The owner returned in the morning. He did not call but was noted to be outside when a technician noted lights flashing. Upon presentation, Kingston was QAR. He ambulated into the building normally. His MM were pink and tacky with a CRT of 2 seconds. Kingston was panting but lung sounds were clear in all fields. Kingston was tachycardic with a normal rhythm and no noted murmur. His abdomen was not tympanic or distended, but it did feel soft and doughy and had what may have been a fluid wave. Borborygmi was noted. Kingston's anal tone was poor and he had bloody rectal discharge. There was also bloody discharge down both hind limbs and on his tail. On rectal exam, there were small clots of blood and his rectal tone returned. He expressed his anal glands upon rectal.

During the time of PE, the technician was collecting further history and owner information over the phone per the COVID protocol. The owner was then transferred to me where I further discussed the history in depth. I specifically asked if Kingston had started with diarrhea

progressing to bloody discharge from the rectum. The owner confirmed that initially Kingston was pacing and acting uncomfortable so he let him outside and when he returned inside, he had brown liquid diarrhea down the back of his legs. He then stated that eventually Kingston laid in the closet and when he got up, he noted a small area of blood where he had been laying and that it had come from his rectum. He stated that the bloody discharge continued overnight and that it was mostly just dripping, no posturing or passing large amounts of blood at home.

I expressed multiple times that I considered this to be a large amount of very frank blood and that I was concerned. I also discussed concern for the soft but doughy feel to the abdomen and my suspicion of a fluid wave or other abnormality. Based on my concerns for a fluid wave, I questioned the owner about rodenticide out of concern for coagulopathy but he stated that there was no possibility of rodenticide or toxin. I recommended x-rays, an abdominal fast scan and baseline bloodwork. The owner stated that there was a veterinarian who (by this time) opened in about an hour and he might just want to have the workup done there. I told the owner that I didn't think that Kingston should have to wait that long for the treatment I recommended, which, in addition to BW, x-rays included placement of an IVC, bolus fluids and a dose of Metronidazole and Cerenia.

I went over these recommendations and then told the owner that someone would bring out a hard copy of the estimate for his review. The tech assistant took the estimate to the owner and went over it. The owner stated that he would need to call and discuss the estimate with his wife. The technician asked the owner to call us (per Covid protocol) and let us know how they would like to pursue. The owner called back later and advised that they decline workup here and would like to have that done at Prescott Animal Hospital (PAH) when they open this morning. They approved catheter placement, a fluid bolus, a dose of metronidazole and a Cerenia injection.

An IVC was placed. Kingston was bolused 1 L of P-lyte over about an hour. At the same time, he was given 950 mg of Metronidazole IV (190 mls diluted with 200 mls of P-lyte). We did not have enough Cerenia in the hospital to be sufficient for Kingston's size. The technician called the owner and informed him of this and also indicated that she would credit his card for the cost.

Kingston's tail and limbs were cleaned and his tail was wrapped prior to discharge. We recommended that the owner go immediately to PAH (the clinic of his choice) to pursue the recommended workup.

In closing, I believe that we provided the highest level of care in as timely a fashion as was possible under the current circumstances. Unfortunately, the COVID crisis has forced us all to modify the manner in which we can safely deliver veterinary care and, while most clients have been understanding and patient, this owner was not and elected to transfer care elsewhere. Thank you.

Kira Zerkel, DVM



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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris - Assistant Attorney General

RE: Case: 20-93
Complainant(s): Ola Kotke
Respondent(s): Kira Zerkel, DVM (License: 7021)

SUMMARY:

Complaint Received at Board Office: 4/2/20
Committee Discussion: 9/1/20
Board IIR: 10/21/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On March 30, 2020, "Kingston," a male 3-year-old Irish Wolfhound was presented to Respondent's premises due to pacing, panting and bleeding from rectum. The dog was evaluated in the car by a staff member due to coronavirus precautions; Complainant's husband was advised that the dog appeared stable and not emergent. He decided to take the dog home since he was told it would be a couple hours before the dog could be seen.

The dog continued to get worse with stomach swelling and rectal bleeding - therefore Complainant's husband drove the dog to the emergency facility again – he was again told they had critical animals and it could be hours before the dog was seen. Again the dog was taken home.

The dog continued to worsen; Complainant's husband drove to Respondent's premises. The dog was examined and Respondent recommended diagnostics and treatments. IV fluids and medication was approved until the dog could be transferred to a local daytime veterinarian.

Later that morning, the dog was presented to Prescott Animal Hospital where the dog was humanely euthanized due to suspected septic peritonitis due to a perforation.

Complainant was noticed; her husband, co-owner of dog, Del Uschenko, appeared telephonically. Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Ola Kotke*
- Respondent(s) narrative/medical record: *Kira Zerkel, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Lauren Taylor, DVM – PAH; Delilah Gregory-McDonald, DVM – Harmony Holistic Veterinary Care.*

PROPOSED 'FINDINGS of FACT':

1. On March 30, 2020, Complainant stated that the dog began pacing and panting after eating a piece of burrito. Complainant and her husband thought the dog may have an upset stomach; due to no improvement after an hour, they decided to call Respondent's premises. Complainant's husband, Del, explained that their Irish Wolfhound ate a piece of burrito and appears to have an upset stomach. Premises staff said that it could be due to the burrito and to call back in an hour if there is no improvement.

2. An hour later, Complainant called the premises back stating the dog was now bleeding from his rectum. Staff replied that she had spoken to Respondent after the last conversation and they did not feel comfortable seeing a Wolf breed (staff heard Complainant's husband say the dog was a "Wolf dog"). Complainant stated that they corrected premises staff, stating the dog was an Irish Wolfhound, not a Wolf. Complainant was advised to bring the dog in for evaluation.

3. Del drove to the premises with the dog who was passing blood (without diarrhea) and panting. Upon arrival, Del called the premises, as required due to the COVID pandemic precautions, from the parking lot to let them know he had arrived with the dog. Technical staff member, Tristan Oneil, went out to assess the dog. According to Tristan, he checked the dog's vitals (TPR and gum color) and they were within normal limits (these vitals are not written in the medical record; Respondent stated that Tristan advised her that the dog's vitals were WNL). Tristan noted that the dog had a bit of blood mixed with diarrhea on his rear end. He discussed with Del that the dog seemed stable and that it would be an hour or more wait due to other critical patients being seen at that time. Del elected to take the dog home and call if he got worse.

4. However, Complainant stated that Tristan told Del that he could take the dog home to monitor, as he seemed fine. It could be a couple hours until the dog could be seen and fees could exceed \$1,000. Del decided to bring the dog home since a professional assessed the dog and it did not appear to be an emergent situation.

5. Once home the dog continued to have rectal bleeding and his stomach seemed to swell. The dog paced and panted, and would try to get comfortable in areas of the house he would not normally go.

6. At approximately 1:30am, Complainant contacted the premises again to advise the dog was worsening and his pain level was increasing. Premises staff recommended bringing the dog back. Del began driving the dog back to the hospital; he called to let them know he was on his

way. Premises staff explained there would be a wait which could be a couple hours due to the critical patients they were tending to. Del returned home with the dog and administered the dog 100mg of tramadol for pain; this did not provide relief to the dog.

7. At approximately 4:00am, Complainant called the premises and was told to bring the dog in for evaluation. Del once again took the dog to Respondent's premises. Premises staff went out to the parking lot and met Del and took the dog inside for evaluation. Upon exam, the dog had a weight = 140.43 pounds, a temperature = 99.3 degrees, a heart rate = 200bpm and a respiration rate = panting; pink mucous membranes. Respondent noted the dog had mildly tacky mucous membranes and the abdomen palpated soft, possible fluid wave with mild discomfort and moderate borborygmi. The anus was gaping with normal anal tone but was dripping blood.

8. Respondent's assessment was severe hemorrhagic diarrhea and tachycardia. She discussed her findings with the pet owner and possible HE, severe gastroenteritis, coagulopathies, etc. The pet owner reported no other issues or possible toxins that he was aware of, and no new foods besides the portion of burrito. Respondent recommended blood work, with clotting times, as well as an AFAST and abdominal radiographs. She further recommended fluid therapy and an injection of metronidazole.

9. According to Respondent, she expressed concerns multiple times that she concerned with the large amount of frank blood the dog was passing as well as the soft doughy feel to the abdomen. The pet owner stated that there was a veterinarian who opened in a hour and he might want to have the work up on the dog performed there. Respondent stated that she did not think the dog should have to wait that long for the treatment she recommended. An estimate was provided to Del; he explained that he would call Complainant to discuss and would let them know what they decided.

10. Del and Complainant discussed the estimate. According to Complainant, she felt the dog really needed an x-ray; Del told her that Respondent suggested an IV catheter and fluids for now and then if they waited until 7:00am, Prescott Animal Hospital could perform blood work and radiographs. Complainant stated that they followed Respondent's recommendations and would take the dog to Prescott Animal Hospital for diagnostics.

11. According to Respondent, Del called her back after speaking with his wife, Complainant, and declined the work up there, and would like to have it done at Prescott Animal Hospital when they opened. However, IV catheter with fluid bolus, a dose of metronidazole and Cerenia was approved.

12. An IV catheter was placed; the dog was given 1 liter bolus Plasmalyte over an hour. He was also administered metronidazole 950mg IV, diluted with Plasmalyte, and given over an hour. Cerenia was not administered as they did not have enough to give the dog due to his size. The dog continued to have bloody diarrhea during the stay, no posturing from the dog, mostly dripping. His back end was cleaned and tail wrapped. Once treatments were finished, the dog's IV catheter was wrapped and he was discharged for transfer to Prescott Animal Hospital per pet owner's request.

13. The dog was presented to Prescott Animal Hospital and evaluated by Dr. Taylor. Upon exam, the dog was sitting sternal and would not rise on his own therefore Dr. Taylor performed the exam with the dog lying down (T-102.4; P-130bpm; R-pant; MM-pale pink, tacky). She recommended diagnostics, including radiographs, ultrasound and blood work, to start and also recommended starting the dog on IV fluids, Cerenia, etc. An estimate was generated and presented to Complainant's husband; he only approved the radiographs, declining the remaining recommended diagnostics and treatments.

14. After the radiographs were performed, Dr. Taylor discussed the findings with the pet owner. She discussed the severity of the small intestinal distention and her overwhelming concern for the dog based on the images. At that point, the pet owner approved the additional recommended diagnostics and treatments.

15. The dog was hospitalized on IV fluids, blood was collected and an ultrasound was performed. Dr. Taylor discussed the possible differential diagnosis with Del; septic peritonitis due to a perforation (previous GDV vs intestinal/mesenteric volvulus vs other). She was concerned about possible ischemic gastrointestinal tract and the next recommended step would be an emergency laparotomy with possible resection and anastomosis. Dr. Taylor was concerned of the possibility of not being able to resect due to ischemia being too extensive, in addition to the possible anesthetic complications due to the dog's condition.

16. The pet owner asked about euthanasia; Dr. Taylor stated that would be an alternative considering the dog's rapid decline. Complainant and her husband elected to humanely euthanize the dog.

COMMITTEE DISCUSSION:

The Committee discussed that the staff member that evaluated the dog was a veterinary assistant; he did an initial assessment and had a conversation with the pet owner. The veterinary assistant indicated there would be a long wait time and the dog appeared stable, thus the pet owner took the dog home. It is unclear of the veterinary assistant's level of training.

Respondent was unaware of the case until it was brought inside the premises around 5:00am – approximately 6 hours later. There were no notations in the medical record of the veterinary assistant's assessment of the dog. Although there is a pandemic, there appeared to be some questionable protocols at this premises. Respondent was a relief veterinarian, which can be a struggle dealing with staff and protocols, even in ideal times.

The Committee commented that Respondent did not get to assess the dog until around 5:00am. Respondent was unaware the dog was being presented several times – she should have been made aware, however, the Committee did not feel it was her fault.

The Committee felt that the veterinary assistant diagnosed the dog and the responsible veterinarian for the premises should be held accountable for allowing non-veterinarians to diagnose.

The Committee was troubled by the process; this was an emergency practice and it is

understandable they were dealing with a fractious cat at the time, but someone that was more skilled, should have been made aware that the dog was there and presented for an emergency. The dog could have been brought into the premises to allow a veterinarian to see the dog. The Committee did not feel delegating staff to triage and assess the urgency of the situation was appropriate; there was no protocol in place to let Respondent know about the dog – she was never brought into the loop. Respondent relied on staff to implement their policies as they normally would. The conduct of the veterinary staff assessing the dog, determining it was stable to go home, without an evaluation by Respondent may have cost the dog his life.

If a pet owner feels their animal is having an emergency, the veterinarian is obligated to refer them out if they cannot be seen right away or ask them to come down to be triaged in the vehicle, if need be, but the veterinarian is made aware. In this case, Respondent was not made aware until the animal re-presented at 5:00am.

A motion was made by Dr. Tran and seconded by Mr. Seiler to recommend the Board open an investigation with respect to the responsible veterinarian, JHA SHANTIBHUSHAN, DVM, allowing non-veterinary staff to diagnose an animal presented to the premises on emergency. Motion passed unanimously.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

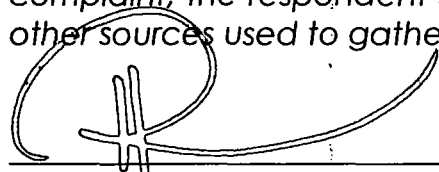
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division